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2200 BADGER AVENUE OSHKOSH, WI 54904				sented to the risk	592(574)372-2886; on the o	date indicated below.
vomvoon, m v	7,207			Tammy J. Gu	ska	(Depositor's name)
				Tammy J. Gu	***************************************	(Ngasjar)
			***************************************	September 2.	2010	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,478 19/20/2003 TITLE OF INVENTION: TEAR INITIATION AND DIRECTIONAL TE			Daniel S. Papenfuss 25717 7892			7892
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APPLM. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/24/2010
EXAMINI	ER	ART UNIT	CLASS-SUBCLASS			
PATTERSON, MARC A		1782	428-034100			
 Change of correspondenc CFR 1.363). 		•	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Christine E. Parsons			
LI Change of correspondence address for Change of Correspondence or agents OR, afternatively,						
"Fee Address" indical PTO/SB/47; Rev 03-02 (Number is required.	tion (or "Fee Address"	Indication form	(2) the name of a single firm (having as a member a registered attentory or agent) and the names of up to 2 registered patent attentorys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	xe}		***************************************
PLEASE NOTE: Unless recordation as set forth in	an assignee is identi 37 CFR 3.11. Comp	fied below, no assigned letion of this form is NO	data will appear on the parties of t	itent. If an assigno assignment.	se is identified below, the do	ocument has been filed for
(A) NAME OF ASSIGN			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Milprint, Inc. 3550 Moser Street, Oshkosh, WI 54901						
Please check the appropriate	assignce category or	categories (will not be pr	inted on the patent): Q	Individual 🖾 Co	sporation or other private gro	up entity O Government
4s. The following fee(s) are submitted: 4h. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Market Sec			LA check is enclosed.			
D Advance Order - # of			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required (cc(s), any deficiency, or credit any overpayment, to Deposit Account Number 502023 issue as extra expect this forms.			
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5. Change in Entity Status O s. Applicant claims St	•				L ENTITY status, Sec 37 CF	***************************************
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Authorized Signature /Christine E. Parsons/			Date September 2, 2010			
Typed or printed name Christine E. Parsons			Registration No51,457			
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